PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	·	nt Location Benefator	• · · · · · · · · · · · · · · · · · · ·
Instrument S	Serial No. 008586 100 6	E. Ond ST., Wash	instal, N.
The preventi	ive maintenance procedures for the Intoximeters, are:	Model Intox EC/IR II to be followe	ed at least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra	sure, or the alcoholic breath simulande;	ator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect t	preath sample;	
7.	When "PLEASE BLOW" appears, collect b	preath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.	changed before expiration date, or our months or after 125 Alcoholic F	the alcoholic breath Breath Simulator tests,
	t on the day of ANUD 1 4 were performed on the instrument indicated above of Health and Human Services, and the instrumen	e, in accordance with current regula	reventive maintenance tions of the N.C.
Timum,		·	
OF THE STAT	TE OF NO.		
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A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 01/17/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective: 08/01/2017-08/01/2019

Officer's Name: *NONE, NONE*Type of Agency: *FTA*Agency: *DHHS*Test Type: *Breath Test*

Lot Number: AG702302 Exp Date: 01/23/2019

Test	B / 5年0中 またwe 多準
1774	
DIAG	Pass 11:11am
AIR BLK	.00 11:12am
ACCY CHK	.08 11:12am
AIR BLK	.00 11:14am
SUB TEST	.00 11:14am
AIR BLK	.00 11:16am
SUB TEST	.00 11:17am
AIR BLK	.00 11:18am

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures.

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 1337 Test Date: 01/17/2018 Test Time: 11:20am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

Test .		ıtus	'ime

		Si		1:2	
PRNT					

CRC Tests

Test Status Time

COMP Pass 11:22am CAL Pass 11:22am

Préventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1.1	erial No. <u>608909</u> <u>103E. SM St. M</u> we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
· 2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration day simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that procedures very Department	on the day of Anual 2, 20/8 the forgo vere performed on the instrument indicated above, in accordance with current rof Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE STATE	E O VO	



Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 01/17/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective;
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	11:09am
AIR BLK		11:10am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 2907 Test Date: 01/17/2018 Test Time: 11:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:21am
•		

Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:21am
CAL	Pass	11:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	200
ncombe Instrument Location Buncambe C	0. Jail
No. 008808 Asheville, NC	····
naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lea	st once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer show
Verify instrument displays time and date;	•
Initiate breath test sequence;	74
Enter information as prompted; \mathcal{O}_{5}	20
Verify instrument accuracy;	CU18
When "PLEASE BLOW" appears, collect breath sample;	
When "PLEASE BLOW" appears, collect breath sample;	
Print test record;	
Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	oholic breath Simulator tests,
the	ve maintenance f the N.C.
Signature of Certifying Official Certification	<i>4 G</i>
	Instrument Location Guncombe INo. OO 8460 8 Instrument Location Guncombe Asha wille, all Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath is whichever occurs first. the day of January 20/8 the forgoing preventic performed on the instrument indicated above, in accordance with current regulations of tealth and Human Services, and the instrument is functioning properly.

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

> Serial Number: 008808 Test Date: 01/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716202

Exp Date: 06/11/2019

Test	g/210L	Time

DIAG	Pass	12:11pm
AIR BLK	.00	12:12pm
ACCY CHK	.07	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
ATR BLK	. 00	12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Record Number: 1188
Test Date: 01/05/2018 Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
\mathtt{BT}	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:20pm

Preventive Maintenance Status: Pass

Pass

12:20pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	Idwell	Instrument Location Caldwe	11 Co Joil
Instrument So	rial No. <u>008803</u>	Leadir	NC
The preventive four months a	•	ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	A A.
3.	Initiate breath test sequence;		RECEINED
4.	Enter information as prompted	! ;	RECEIL 2018
5.	Verify instrument accuracy;		ED
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration danged every four months or after 125 Alco	
procedures w	ere performed on the instrument inc	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATION STATION OF THE STATION OF TH	S NO AROLLING		
THE QUANT	Sig	nature of Certifying Official	Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 01/11/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.07	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 487 Test Date: 01/11/2018 Test Time: 3:10pm EST

System Check: Passed

Baseline Tests

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pm.
pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

rest	Status	TTIIE
PRNT	Pass	3:11pm
		×

CRC Tests

Test	Status	TIME
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	aldivold	Instrument Location Calel well	d Co Sail
Instrument Ser	rial No. <u>008719</u>	Leavin,	1/1
The preventive four months ar	e maintenance procedures for the Into re:	ximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breat ee centigrade;	h simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		A 12
4.	Enter information as prompted;		* O53
5.	Verify instrument accuracy;		RECEINED TO THE
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	es, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	•	
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.	er is being changed before expiration ed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests
I certify that o procedures we Department o	on the day of	ated above, in accordance with currer instrument is functioning properly.	rgoing preventive maintenanc nt regulations of the N.C.
the state of the s	20.		
OF THE STATE OF TH	O NOP		•
BANK			
APRIL 12, 1718 FERTE QUAM VID	KN *		•
AND OLD WAR			

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 01/11/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

05/01/2017-05/01/2019 Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	3 6	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2312 Test Date: 01/11/2018 Test Time: 3:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:11pm 3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time	-
PRNT	Pass	3 : 12p	m

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (a	mden	Instrument Location Car	den (0.5.0.
Instrument S	erial No. 008940	113 Huy 343,	Camden, N.C.
The preventi	•	Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d		lic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;	:	
9.	Verify Diagnostic Program; a	nd	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the <u>Jar</u> day of <u>Jar</u> vere performed on the instrument in of Health and Human Services, and	dicated above, in accordance with the instrument is functioning pr	_ the forgoing preventive maintenance th current regulations of the N.C. operly.
STATE OF STA	E O NO PLAN CAROLLE		
THE QUAM	No.	II (643
	Sig	nature of Certifying Official	Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 01/22/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:09pm 12:09pm 12:10pm 12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm 12:14pm
SUB TEST AIR BLK	.00 .00	12:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 01/22/2018 Test Record Number: 864
Test Time: 12:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:17pm 12:17pm 12:17pm 12:17pm 12:17pm

Blank Tests

rest	Status	rime
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAS	Instrument Location (Aswell Co Dafertin, Cont
Instrument Seria	11 No. 008873 231 Comby PANK RD
The preventive of four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 18, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTH STATE OF THE S	Ala San Aca San San San San San San San San San Sa
	Signature of Certifying Official Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008873 Test Date: 01/09/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	2:19pm 2:20pm
ACCY CHK	.08	2:20pm 2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST AIR BLK	.00 .00	2:24pm 2:25pm
MIK DIK	.00	2.25

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008873 Test Record Number. ___
Test Time: 2:26pm EST Test Record Number: 1482

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
	CRC Tests	
Test	Status	Time

Tesc	Deacus	TIME
COMP	Pass	2:28pm
CAL	Pass	2:28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AS	mell Instrument Location CASWell & Refer tim Con
Instrument Ser	rial No. 008593 231 County Park RD Yanceyville, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w	on theday of, 20 18, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE SECTION OF THE STATE	
	Signature of Certifying Official Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 01/31/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: ONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	.00	1:58pm
ACCY CHK	.07	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC:

.00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 1536
Test Date: 01/31/2018 Test Time: 2:04pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:04pm
FLO	Pass	2:04pm
FC	Pass	2:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
\mathtt{BT}	Pass	2:05pm

Blank Tests

Test	Status	Time
* * * * * * * * * * * * * * * * * * * *		·
AIR	Pass	2:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm

CRC Tests

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi	ve-maintenance procedures for the Intoximeters, Model Intox EC are:	/IR II to be fo	llowed at	least once e	very
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath s	simulator t	hermomete	r shows
2.	Verify instrument displays time and date;		•		4 - 4 - 1
3.	Initiate breath test sequence;		-A		
4.	Enter information as prompted;				
5.	Verify instrument accuracy;	*			
6.	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOW" appears, collect breath sample;				•
8.	Print test record;	•		•	
9.	Verify Diagnostic Program; and				+ / + /
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	expiration da ter 125 Alcoh	te, or the a nolic Breat	lcoholic br h Simulator	eath r tests,
procedures v	on the day of ANUATA, , 20/8 were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	with current i	oing prever egulations	ntive mainte of the N.C	enance



Signature of Certifying Official

Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 01/16/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 812

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Status Time Test 11:08am AIR Pass.

Printer Tests

Time Test Status PRNT Pass 11:08am

CRC Tests

Test Status Time COMP Pass 11:09am Pass 11:09am CAL

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	with K Instrument Location (unitack 10.5.0.	
Instrument Ser	ial No. 008588 407-A Maple Rd., Maple, N.C.	
The preventive four months ar	emaintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
N.		
	n the	
STATE OF STA	100 11 013	
	Signature of Certifying Official Certificate Number	

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008588 Test Date: 01/22/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:12am 11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008588 Test Record Number: 936
Test Date: 01/22/2018 Test Time: 11:20am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
\mathtt{DET}	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time	
AIR	Pass	11:22am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
6.3	CRC Test	Same and the

Status	TIME
Pass	11:22am
Pass	11:22am
	Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOA EC/IR II
County Da	re Instrument Location Kill Devil Hills P.D.
Instrument Seri	ial No. OD 8844 102 Town Hall Dr., Kill Devil Hil
The preventive four months are	e-maintenance procedures for the Intoximeters, Model Intox EC/IR II to be-followed-at-least-once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures wer Department of	n the
OF THE STATE OF VAN 20, 1778	Ley Log Cortifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 01/25/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:36pm 12:37pm 12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 01/25/2018 Test Record Number: 2033

Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR .	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:46pm 12:46pm 12:46pm 12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
λТО	Dagg	12.47nm

Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

CRC Tests

Test		Status	Time
COMP	5	Pass	12:47pm
CAL		Pass	12:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months	/e maintenance-procedures for the Intox	imeters, Model-Intox	EC/IR II to be fol	lowed at least or	nce every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		alcoholic breath si	mulator thermor	meter shows
2.	Verify instrument displays time an	d date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;		•		
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears	s, collect breath sampl	le;		
7.	When "PLEASE BLOW" appears	s, collect breath sampl	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	•			•
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed bef d every four months o	fore expiration dat or after 125 Alcoho	e, or the alcohol olic Breath Simu	ic breath ılator tests,
I certify that procedures v Department	on the day of day of And were performed on the instrument indicate of Health and Human Services, and the	ted above, in accordance instrument is function	nce with current re	ng preventive n egulations of the	naintenance N.C.



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 01/25/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:00am 11:01am
ACCY CHK	.07	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2010

System Check: Passed

Baseline Tests

Test	Status	Time
	Pass Pass	
FC	Pass	11:09am

Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
\mathtt{BT}	Pass	11:09am

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am

CRC Tests

Test	Status	Time
COMP	Pass	11:10am
CAL	Pass	11:10am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department	on the day of ANUAT , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 01/25/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK		11:02am 11:03am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	00	11:06am
SUB TEST	.00	11:08am
ATR BLK	. 0 0	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 699

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:10am
FLO	Pass	11:10am
FC	Pass	11:10am

Temperature Tests

Test	Status	Time
FC1	Pass	11:10am
SRC	Pass	11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
BT	Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

Test	Status	Time
PRNT	Pass	11:11am
	CRC Tests	÷

Test	Status	Time
COMP	Pass	11:11am
CAL	Pass	11:11am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u></u>	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	AVIDSON Instrument Location LEXINGTON
Instrument Ser	rial No. 008883 Instrument Location Lexing TON Police Department
•	
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months a	re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday ofANUAY (, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 01/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

_Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK AIR BLK	.08	2:58pm 3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
ATR BLK	. 00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1887

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass Pass	3:04pm 3:04pm 3:05pm

Temperature Tests

Test	Status	Time
		19.
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
${ t BT}$	Pass	3:05pm

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

Printer Tests

Status

Test

Time

PRNT	Pass	3:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:06pm 3:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	Instrument Location / homasy //e
Instrument Seria	noones Pi Dantaget
The preventive to	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday ofANAR, 20/8, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE COLUMN TO SEE CHAPTER OF THE COLUMN TO SE	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 01/02/2018

Citation Number: M000000000 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN L K
Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test g/210L Time

Pass 4.52pm **DIAG** 1:53pm AIR BLK .00 ACCY CHK .07 1:55pm .00 AIR BLK SUB TEST .00 1:55pm 1:56pm AIR BLK .00 SUB TEST .00 .00 AIR BLK 1:58pm

Reported AC: .00 g/2101

Signature of Chemical Amalyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst:

(4) Rev. 12/2007/

DAVIDSON-GOUNTY THOMASYTELE PO DSE

Serial Number: 008872 : Test Record Number: 1350 Test Date: 01/02/2018 : Test Time: 1:59pm EST

System Check: Passed

Baseline Teste

Test Status Time

IR Pass 2:00pm FLO Pass 2:00pm RC mPass 2:40pm

Temperature Rests

The street of th

FOI PASS 1.2AUOM SEC ALBES 2.4UOM CONT. PASS 2.4UOM BAR PASS 2.50 pm BT 1.558 1.2AUOM

Blank Tests

Test Tistatus Time

AIR Page 2.00pm

Frinter Testa

Test Status Time

BINI W Page W 12 00 DA

CRC TROTAL COL

Jost Status Time

COMP Bass 2 Liph COMP Dass 2 Liph

Preventive Maintenance

Analyst ...

This form is used when performing Preventive Maintenance procedures |
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

TO A STATE OF THE STATE OF THE

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	ham Instrument Location Duham Go JAIL
Instrument Se	219 5. MAGGEN 55 Dubyn NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 29 day of January, 2018, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 01/29/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	1:25pm 1:26pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 2146

Test Date: 01/29/2018

Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
${f BT}$	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test		Status	Time
PRNT	15%	Pass	1:35pm

CRC Tests

Test	Status	TIME
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\mathcal{T}		CRS, MODEL INTOX EC/16	
County <u>U</u>	AHAM	Instrument Location Dunkan	1 6. JAIL
Instrument Se	rial No. 008891	219 5 Mang	em 55
		Dukom NC	
		Intoximeters, Model Intox EC/IR II to be i	followed at least once every
four months a	re:		
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1 ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being che whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
procedures w	ere performed on the instrument	Anchoy, 20 18, the forego indicated above, in accordance with current definition to the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
	Dr.		
OF THE STATE	200		
S S S S S S S S S S S S S S S S S S S			
*ESE QUAMVII	D for	Kel	662
	Sj	gnature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 01/29/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Report/ed AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3773

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
_FLO	—Pass——	<u>1:19</u> pm
FC	Pass	1:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
λΤD	Dadd	1 • 20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	•
Test	Status	Time

COMP Pass 1:20pm CAL Pass 1:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Du	RHAM Instrument Location Ducham G JAIL		
•	al No. 008878 219 5. Mangem 57 Duham NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that or procedures wer Department of	the 29 day of Anwary, 20/8, the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
TEAL IS, THE STATE OF THE STATE	Stoller 662		
	Signature of Certifying Official Certificate Number		

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 01/29/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test.	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:55pm 12:56pm 12:56pm
AIR BLK	00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4048 Test Date: 01/29/2018 Test Time: 1:02pm EST

System Check: Passed

Baseline Tests

Time
1:02pm
1:02p m-
1:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fo	Instrument Location Bal Mebile Unit 1
Instrument Se	rial No. 008973
The preventive four months a	e-maintenance procedures for the Intoximeters, Model-Intox EC/IR-II to be followed at least once every- re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE REPORT OF THE PROPERTY OF	PMV DONY 658
	Signature of Certifying Official Certificate Number

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008973 Test Date: 01/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:09pm
AIR BLK	.00	8:10pm
ACCY CHK	.08	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
ATR BLK	0.0	8:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MU Dov Analyst

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008973

Test Record Number: 451

Test Date: 01/26/2018

Test Time: 8:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
\mathtt{BT}	Pass	8:17pm

Blank Tests

Test	Status	Time
	i i	
ΔTP	Dagg	8 · 18mm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	8:18pm

CRC Tests

Test	Status	Time
COMP	Pass	8:18pm
CAL	Pass	8:18pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fizz	ANKLIN Instrument Location FRANKLINTON PD
Instrument Seri	ial No. DO8651 #7W. MASON ST. FRANKLINTON,
•	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are	
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
OTHE STATE OF THE	
THE IS NOT THE PARTY OF THE PAR	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008651 Test Date: 01/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	4:52pm 4:53pm
ACCY CHK	.07	4:54pm 4:55pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008651

Test Record Number: 1285

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:02pm 5:02pm 5:02pm 5:02pm 5:02pm

Blank Tests

Test	Status	Time
		No.
AIR	Pass	5:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm
	CRC Tests	
Test	Status	Time

COMP Pass 5:03pm CAL Pass 5:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FR.	ANKLIN Instrument Location Fre	
Instrument Se	erial No. 008815 #7 W. MASON	ST. FRANKLINTON, NO
<u>.</u> '		
The proventing	ve maintenance procedures for the Intoximeters, Model Intox EC/I	IR II to be followed at least once every
four months		
1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	* · · · · · · · · · · · · · · · · · · ·
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	.
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	·
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before esimulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
procedures v	tion the 30 day of ANUARY, 2018 were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
-600		
OF THE STAT	TE OF NO.	
AFRI 2.	Bus D Smidt	637
	Signature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 01/30/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test

DIAG	Pass	5:40pm
AIR BLK	.00	5:41pm
ACCY CHK	.07	5:42pm
AIR BLK	.00	5:43pm

g/210L

Time

SUB TEST .00 5:43pm AIR BLK .00 5:44pm

SUB TEST .00 5:46pm AIR BLK .00 5:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1114

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:48pm
FLO	Pass	5:48pm
FC	Pass	5:48pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:49pm 5:49pm 5:49pm 5:49pm 5:49pm

Blank Tests

Test	٠.	Status	Time
1050		Deacus	. 1 11110

AIR Pass 5:49pm

Printer Tests

Test	Status	Time
		4. *

PRNT Pass 5:49pm

CRC Tests

Test	Status	Time
COMP	Pass	5:49pm
CAL	Pass	5:49pm

Preventive Maintenance Status: Pass

Ó

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	Instrument Location 6	eene Co. 5.0.
Instrument Se	erial No. 00 8670 30/ W. Breen	
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
four months a	are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	
procedures w	on the day of ANUAIC, 20/8 vere performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning prop	current regulations of the N.C.
A COREAT STATE OF STA	CAROLLA CAROLL	(24)7

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 01/16/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	8:30am
AIR BLK	.00	8:31am
ACCY CHK	.07	8:31am
AIR BLK	.00	8:33am
SUB TEST	.00	8:33am
AIR BLK	.00	8:34am
SUB TEST	.00	8:35am
ATP BIK	00	8 • 3 6 a m

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 01/16/2018

Test Record Number: 1705 Test Time: 8:38am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:38am
FLO	Pass	8:38am
FC	Pass	8:38am

Temperature Tests

Test	Status	Time
FC1	Pass	8:38am
SRC	Pass	8:38am
DET	Pass	8:38am
BAR	Pass	8:38am
BT	Pass	8:38am

Blank Tests

Test Status Time

AIR Pass 8:39am

Printer Tests

Test Status Time

PRNT Pass 8:39am

CRC Tests

Test Status Time

COMP Pass 8:39am Pass 8:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tuil-lo Rd Instrument Location High Point JAI
Instrument Se	rial No. <u>CO 8655</u>
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3 day of ANUAR, 20 8, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ON STATE OF THE ST	

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 01/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:15pm 1:16pm 1:17pm 1:18pm 1:19pm 1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:21pm 1:22pm
		- · - 2 P III

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 3249

Test Date: 01/03/2018

Test Time: 1:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
\mathtt{BT}	Pass	1:26pm

Blank Tests

Test	Status	Time
ATR	Pass	1:2700

Printer Tests

Test	Status	Time
	CRC Tests	÷
PRNT	Pass	1:27pm
Test	Status	Time

COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ilford Instrument Location High Point
Instrument Seria	INO.008828 Police Department
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures wer Department of	theday of, 20/, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE COUNTY OF THE CONTROL OF THE CON	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 01/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	12:38pm 12:39pm
ACCY CHK	,08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 01/03/2018 Test Record Number: 2658
Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:45pm 12:45pm
FC	Pass	12:45pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:45pm 12:45pm 12:45pm 12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:46pm	

Printer Tests

Status

Test

PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time

Time

COMP Pass 12:46pm CAL Pass 12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (FULL FOR A Instrument Location Greens boro JA
Instrument Se	000010
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of ANOARY, 20 6, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Date: 01/29/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:45pm 12:45pm 12:46pm
AIR BLK SUB TEST	.00 .00	12:47pm 12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718

Test Record Number: 1633

Test Date: 01/29/2018

Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:42pm 12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time	

AIR Pass 12:42pm

Printer Tests

Test	Status	Time	
*			

PRNT Pass 12:43pm

CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	YDE Instrument Location SAT MAJDE WAT 10
Instrument S	erial No. <u>00 911 C</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 2C day of MNWMY, 20/C, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAT STATE OF THE STATE OF THE CORE OF THE	

HYDE COUNTY BAT MOBILE UNIT 10 470

Serial Number: 008776 Test Date: 01/26/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/22/2017-09/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst
This form is used when performing Preventive Maintenance

HYDE COUNTY BAT MOBILE UNIT 10 470

Serial Number: 008776 Test Record Number: 3424
Test Date: 01/26/2018 Test Time: 1:57pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
${f BT}$	Pass	1:58pm

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

Status

Time

Test

	•	
PRNT	Pass	1:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:59pm 1:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hy	Instrument Location Hyde Co. S.O.
Instrument Seria	1No. 008801 1233 Main St., Swan Quarter, M.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 30 day of January, 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'ME STATE OF WAR STATE OF WAR AND	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 01/30/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG702402 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:04am 10:04am 10:05am 10:06am 10:07am 10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 452 Test Date: 01/30/2018

Test Time: 10:12am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13am
FLO	Pass	10:13am
FC	Pass	10:13am

Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

Blank Tests

Test	Test	Status	Time	
AIR	Pass	10:13am		

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am

Preventive Maintenance Status: Pass

Pass

10:14am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	THE TERB, WIDDEL HATOK ECONOMIC
County	Thusan Co. Instrument Location Clay for Police Dept.
Instrument Se	orial No. 008658 Claylon, MC
·	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	Signature of Certificing Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 01/24/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

lesc	9/2101	TIMO
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.08	3:20pm
AIR BLK	.00	3:20pm
		_
SUB TEST	.00	3:22pm
AIR BLK		3:23pm
SUB TEST	.00	3:24pm
ATD BIK	በብ:	3 : 250m

a/2101

Reported AG:

00 g/210<u>J</u>

Time

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1362

Test Date: 01/24/2018

Test Time: 3:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

Blank Tests

Test	Status	Time
4.5		
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:30pm

Preventive Maintenance Status: Pass

Pass

CAL

3:30pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\sqrt{\delta}$	huson Co. Instrument Location Johnson Co. VA.
Instrument Seria	11 No. 008846 Sm. 74 field, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 01/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201

Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.07	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm
SUB TEŞT	.00	4:24pm
AIR BZK	.00	4:25pm

Reported ACr .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 4203 Test Date: 01/24/2018 Test Time: 4:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass -	4:26pm

Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm

CRC Tests

Test	Status	Time
COMP	Pass	4:27pm
CAL	Pass	4:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Ohnson Co. Instrument Location Johnson Co. Jail
Instrument Se	erial No. 008810 Smith field, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 01/24/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	4:23pm
AIR BLK	.00	4:23pm
ACCY CHK	.07	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:29pm
ATR BLK	.00	4:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 2972

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO .	Pass	4:31pm
FC	Pass	4:31pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	4:31pm 4:31pm 4:31pm 4:31pm 4:31pm

Blank Tests

Test	Status	Time
	300	4
AIR	Pass	4:32pm

Printer Tests

Test		Status	٠.	Time
PRNT		Pass		4:32pm
	1			

CRC Tests

Test	Status	Time
COMP	Pass Pass	4:32pm 4:32pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE.	KS, MODEL IN 102		O =
County Ma	dison	Instrument Location M	als Hill	VD
Instrument Seria	INO. 008562	Me	NS Hill	,NC
The preventive n four months are:	naintenance procedures for the In	ntoximeters, Model Intox EC/I	R II to be follows	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		olic breath simula	ator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;		FED	
4.	Enter information as prompted	;	FEB 0520, RECEIVED	
5.	Verify instrument accuracy;		RECEIVED	√ -
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	ad .		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before e inged every four months or afte	xpiration date, or er 125 Alcoholic l	the alcoholic breath Breath Simulator tests,
I certify that on procedures were Department of I	the <u>29</u> day of <u>Jo</u> performed on the instrument in Health and Human Services, and	A (/a/) , 20 / 8 dicated above, in accordance we the instrument is functioning p	the forgoing p /ith current regula oroperly.	preventive maintenance ations of the N.C.
CTATE	žo.			· ·
CORPA	CAROUN			
* COTE QUAM VIDEN	Sig	nature of Certifying Official	Control of the Contro	Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 01/29/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	5:35pm 5:36pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1114

Test Date: 01/29/2018 Test Time: 5:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:43pm
FLO	Pass	5:43pm
FC	Pass	5:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:43pm
SRC	Pass	5:43pm
DET	Pass	5:43pm
BAR	Pass	5:43pm
BT	Pass	5:43pm

Blank Tests

Test	Status	Time
1.		
7. TD	Dacc	5 · 44 nm

Printer Tests

Test	Status	Time
PRNT	Pass	5:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:44pm 5:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County///	adison	Instrument Location Madiso	n Co. Jail
Instrument S	erial No. <i>008599</i>	Marsha	11,016
	*		
The preventi		e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays to	ime and date;	• 1
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	ted;	^ ^
5.	Verify instrument accuracy;	•	Charles Charles
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	En 30/10
7.	When "PLEASE BLOW" a	appears, collect breath sample;	B
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ald	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	were performed on the instrument	indicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OT A		·	
GREAT	CAROLL		
APRILIZ.	TO THE WOOD A	Signature of Certifying Official	Certificate Number
		Signature of Certifying Official	Commeate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 01/23/2018

Citation Number: M0000000-0
*Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:00am 11:00am 11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Test Record Number: 907 Serial Number: 008599 Test Time: 11:07am EST Test Date: 01/23/2018

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:07am 11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
\mathtt{BT}	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	CCKLENBURG Instrument Location BAT MOBILE 7
Instrument Seria	1 NO 08968
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 25th day of ANUARY, 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
TATE OF THE STATE	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 01/25/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:54pm 9:55pm 9:56pm 9:57pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK/	.00	40:04pm

Reported AC:

9∕0 g/2∕101

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 230 Test Date: 01/25/2018 Test Time: 10:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:02pm 10:02pm
FC FC	Pass	10:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time

Pass 10:03pm AIR

Printer Tests

Test	Status	Time

PRNT 10:03pm Pass

CRC Tests

Test	Status	Time
COMP	Pass Pass	10:03pm

Preventive Maintenance

≴tatus: Pas≉

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NSLow Instrument Location DNSLoc	N County
Instrument Se	erial No. 008932 SHERITT'S OFFICE	<u>:e</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath a 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	e e e
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
procedures v	on the <u>JJ</u> day of <u>JANUAKY</u> , 20/8, the foregoi vere performed on the instrument indicated above, in accordance with curren of Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
AMERICA STATE OF STAT	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 01/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	1:13pm 1:14pm
ACCY CHK	.08	1:14pm 1:16pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4345 Test Date: 01/22/2018 Test Time: 1:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:21pm

Temperature Tests

Status	Time
Pass	1:21pm
	Pass Pass Pass Pass

Blank Tests

rest	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	TTIIIG
PRNT	Pass	1:21pm

: CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:210m

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ORA	Instrument Location Hillsborough PD
Instrument Seria	1No. <u>608799</u> 127 N. Chuton ST Hillsborough, WC
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday ofAMAN, 20_18, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
COMMISTATE OF THE OFFICE OFFIC	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NNE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE; NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716202

rextribate: 06/11/2019

Test g/210L Time

DIAG Pass 10:42am

AIR BLK .00 10:43am

ACCY CHK .08 10:44am

AIR BLK .00 10:45am

SUB TEST .00 10:46am

AIR BLK .00 10:46am

SUB TEST .00 10:48am AIR BLK .00 10:49am

Reported AC: / .00 g/2101

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007.

Analyst

THE PROPERTY OF THE PROPERTY OF THE PARTY OF

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 2654
Test Date: 01/31/2018 Test Time: 10:49am EST

System Check: Passed

Baseline Tests

Test.	Status	Fime
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
医甲基酚 戴胖 医输送法	, Pass .	, 10:,50am.,
BAR	Pass	10:50am
BT	Pass	10:50am

Blank Tests

- XAOT	4157 2006	٠.
Test Status	1 1 1110	~

AIR Pass 10:50am

Printer Tests

Tes	t	Status	 Time

PRNT Pass 10:50am

CRC Tests

$-\mathbf{T}\epsilon$	est	Status	Time
4.0	the state of the s	and the second s	and the second second
	the property of the control of the c	the second of th	and the second s

COMP Pass 10:50am
CAL Pass 10:50am

Preventive Maintenance Status: Pass

Analyst



	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Instrument Location Hyden P.D.
Instrument Seri	ial No. DOSlololo 4144 West Ave., Ayden, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 01/11/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:51am 8:52am 8:52am
AIR BLK	.00	8:53am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am
SUB TEST	.00	8:57am
AIR BLK	.00	8:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 975

Test Date: 01/11/2018

Test Time: 8:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:59am
FLO	Pass	8:59am
FC	Pass	9:00am

Temperature Tests

Test	Status	Time
FC1	Pass	9:00am
SRC	Pass	9:00am
DET	Pass	9:00am
BAR	Pass	9:00am
BT	Pass	9:00am

Blank Tests

Test	Status	Time
AIR	Pass	9:00am

Printer Tests

Test	Status	Time
PRNT	Pass	9:00am

CRC Tests

Test	Status	Time
•		
COMP	Pass	9:00am
CAL	Pass	9:00am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,,,,,,,,,		EMO, MODEL INTOX E	_ ·
County 1	<u>'H-</u>	Instrument Location /// /	a Detention Con
Instrument S	Gerial No. <u>DO 8668</u>	124 Detention I	V., Greenville,
The prevent	No maintaine and a second		
four months	are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic bedgree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	on the 17 day of 16 nor the performed on the instrument income f Health and Human Services, and	the dicated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
OF THE STATE	De Austria		
+ APRI 12, 1776 + EUR QUAM VIDE	- Kel		_643
	∖ Sign	nature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 01/17/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:13am 10:14am 10:15am 10:16am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Reco Test Date: 01/17/2018 Test Tir

Test Record Number: 2968
Test Time: 10:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:21am 10:21am 10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test

COMP

PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time

Status

Time

10:22am

CAL Pass 10:22am

Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{P}	H-	Instrument Location PHC	
Instrument So	erial No. <u>() () 8 (6 (6 2)</u>	124 Detention I	
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd.	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures we Department of	n the 17 day of 1c, n re performed on the instrument inc Health and Human Services, and the	icated above, in accordance with current the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
STATE OF STA	A CAROLINA C		
ASSE QUAM VIDER	- Kell A		1.112
	Sign	ature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 01/17/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:51am 9:52am 9:52am
AIR BLK	.00	9:54am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 1021

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

Blank Tests

Test	Status	Time
		•
ΔTR	Pagg	10.00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	e Menore de la companya de la compa La companya de la co
Test	Status	Time
COMP	Pass	10:00am

10:00am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location Pitt Country De tention		
Instrument	Serial No. 008646 124 Detention Dv., Geenville, NC		
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
. 3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on the		
STATI STATI	Jen IV 2		
	Signature of Certifying Official Certificate Number		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 01/17/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.07	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 3570

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

Temperature Tests

Test	Status	Time
FC1	Pass	9:30am
SRC	Pass	9:30am
DET	Pass	9:30am
BAR	Pass	9:30am
BT	Pass	9:30am

Blank Tests

Test	Status	Time
AIR	Pass	9:31am

Printer Tests

Test	Status	Time
PRNT	Pass	9:31am
	CRC Tests	
Test	Status	Time

ICSL	Status	TIME
COMP	Pass	9:31am
CAL	Pass	9:31am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 😾	obeson Co. Instrument Location ST Pauls Police Dep
Instrument S	erial No. 008814 57 Pauls, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures we Department o	on the
OTHE STATE OTHER S	Signature of Certifying Official Certificate Number
	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 01/26/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

g/210L	l'ime
Pass .00 .07	10:37am 10:38am 10:39am
.00	10:40am
.00	10:40am
.00	10:41am
.00	10:43am
.00	10:44am
	Pass .00 .07 .00 .00

Reported AC: .00 \$/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 612 Test Date: 01/26/2018 Test Time: 10:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

1CSC	Scacus	TTILE
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time

•		
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County K	Desoxi Co Instrument Location Red Springs Police Do.
Instrument Seri	al No. 008851 Red Springs Police Do,
Th	
four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF MENTAL THE ST	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 01/26/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:38am 11:38am 11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC:

200 g/210L

Signature of/Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 522 Test Date: 01/26/2018 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:46am 11:46am
FC	Pass	11:46am

Temperature Tests

Status	Time
Pass	11:46am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

maa+	Q = = +	m
•	CRC Tests	
PRNT	Pass	11:47am
Test	Status	Time

1696	Blatus	TTIME
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

Analvet

PREVENTIVE MAINTENANCE RECORD

\cap	INTOXIMETERS, MODEL INTOX EC/IR II
County K	beson Co. Instrument Location Leni broke Volice Day
Instrument Serie	al No. 008831, Pembroke, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the day of Antique, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
STATE OF AN APPL DE THE STATE	SER CONTRACTOR CONTRAC
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 01/26/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
-Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass 00	12:37pm 12:38pm
ACCY CHK	.07	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	00	12:43pm

Reported AG: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 939 Test Date: 01/26/2018 Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm
		· -

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Status

Test

CAL

PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:47pm

Pass

Time

12:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS, MODEL INTOX EC/IR II ONESON Co. Instrument Location Lumberelow Police Dept
Instrument Se	erial No. 008621 Lumberton NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 26 day of RHGARY, 20 18 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE	SCARO AND

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 01/26/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019 -

Test

 $\alpha/210T$.

Time

1696	9/2101	TIME
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.07	2:10pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm

Reported AC:

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch **Department of Health and Human Services** Rev. 12/2007

Ahalyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 570 Test Date: 01/26/2018 Test Time: 2:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance /Status: Pass

Pass

Pass

2:18pm

2:18pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County &	Sperson Co. Instrument Location Robeson Co. Vail
Instrument S	erial No. 008836 Lumberton NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of ANLIARY, 20 / the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836 Test Date: 01/26/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Tect

iesc	9/2101	TTIIIG
DIAG	Pass	2:54pm
AIR BLK	.00	
		2:54pm
ACCY CHK	.08	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLĶ	.00	3:01pm

 $\alpha/210T$

Time

Reported AC, .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836 Test Record Number: 4676
Test Date: 01/26/2018 Test Time: 3:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:04pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:04pm

Pass

3:04pm

Preventive Maintenance

CAL

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	LODERON Co. Instrument Location Fobeson Co VAIL
Instrumer	nt Serial No. 008805 Lumberston NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four mont	ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the 26 day of 1/1/1/2/2, 20/8 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
CAREAT OF STATE OF ST	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 01/26/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

~ / 21 AT

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:57pm 2:57pm 2:58pm 2:59pm 3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 4018

Test Date: 01/26/2018

Test Time: 3:04pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
\mathtt{BT}	Pass	3:04pm

Blank Tests

Test	Status	Time
ATR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

CRC Tests

Test	Status	Time	
COMP	Pass	3:05pm	
CAL	Pass	3:05pm	

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 01/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

ermit Number: 11598 Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	2:21pm 2:22pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:27pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 2527

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Status	Time
Pass	2:29pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAT.	Pagg	2 • 29mm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Sockiva uAM Instrument Location Ede N
Instrument	Serial No. 008636 Police Pepartmen
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
_	day of ANARY, 20/8, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
WALES IN SOME AND A SO	TEO NOTATION OF THE STATE OF TH

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 01/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:59am 12:00pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

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ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 1760
Test Date: 01/10/2018 Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FCL	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT'	Pass	12:08pm

Blank Tests

Test.	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time

2. 42.42.42	O CA C CA	+ ±1110
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	KOCKINGHAM Instrument Location Reidsville
Instrum	ent Serial No. OU8784 Police Department
	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3	. Initiate breath test sequence;
4	Enter information as prompted;
5	. Verify instrument accuracy;
6	. When "PLEASE BLOW" appears, collect breath sample;
7	. When "PLEASE BLOW" appears, collect breath sample;
8	. Print test record;
9	. Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedi	that on theday ofA NUAR20E, the foregoing preventive maintenance ares were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
THE CREAT OF A	STATE ON TO THE CARD

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 01/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test g/210L Time

DIAG Pass 10:56am

AIR BLK .00 10:57am

ACCY CHK .08 10:58am

AIR BLK .00 10:59am

 SUB TEST .00
 11:00am

 AIR BLK .00
 11:01am

SUB TEST .00 11:02am

AIR BLK .00 11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1036
Test Date: 01/10/2018 Test Time: 11:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

Test	Status	Time
Property of the second		
PRNT	Pass	11:05am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	TINTOXIMETERS, MODEL INTOX EC/IR II
County (OU/AN Instrument Location SA/ISDURY
Instrument Se	erial No. 008868 Police DepartMENT
·	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
•	on theday ofA NUA 12, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 01/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E Effective: 04/01/2017-04/01/2019

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
*.	per trait	
DIAG	Pass	4:47pm
AIR BLK	.00	4:48pm
ACCY CHK	.07	4:48pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2823 Test Date: 01/02/2018 Test Time: 4:55pm EST

System Check: Fassed

Baseline Tests

Test	Status	Time
IR	Pass	4:55pm
FLO	Pass	4:55pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

rest	Status	rime
AIR	Pass	4:56pm

Printer Tests

Status Time

Test

A Company		
PRNT	Pass	4:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:57pm
("ΔT ₁	Pass	$4 \cdot 57 \text{rm}$

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County / OC	VAN Instrument Location SA /1'S buRy
Instrument Serie	200027 Polis Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	n theday ofANOA
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 01/02/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male* Driver's License State: *XX* Driver's License Number: *NONE*

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

Officer's Name: *NONE, NONE*Type of Agency: *FTA*Agency: *DHHS*Test Type: *Breath Test*

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Ti	me
DIAG	Pass	4 •	44pm
AIR BLK	.00		45pm
ACCY CHK	.08	4:	46pm
AIR BLK	.00	J E 113 2.2 2	47pm
SUB TEST	.00	4:	47pm
AIR BLK	.00	4:	48pm
SUB TEST	.00	4:	50pm
AIR BLK	.00	4:	51pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures.

Forensic Tests for Alcohol Branch

in Dean

Department of Health and Human Services.

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ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2056 Test Date: 01/02/2018 Test Time: 4:51pm #81

System Check: Passed

Baseline Tests

Test Status Time IR Pass 4:52pm

TR Pass 4:52pm FLO Pass 4:52pm FC Pass 4:52pm

Temperature Tests

Test Status Time FC1 Pass 4.52pm SRC Pass 4.52pm DET Pass 4.52pm BAR Pass 4.52pm

Blank Tests

BT Pass

i in a de de de

Test : Ctatus: Time

AIR Pass 4:5300

Brinter Tests

Test Status Time

PRNT Pass 4 50

ng CRC Testa

Test Status Public

COMP Pass 4.54 ac CAL Pass 4.54 ac

Preventive Maintenance.
Status: Pass

Analyst

This form is used when performing Preventive Maintenance proceedings.

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County K	OWAN Instrument Location China Grove
Instrument Se	erial No. 008862 Police Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday ofANUAR
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 01/12/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

Test

Exp Date: 03/15/2018

DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:50pm
CITTO DITTO CHES	^ ^	7 5 6

g/210L

Time

SUB TEST .00 1:50pm

AIR BLK .00 1:51pmSUB TEST .00 1:53pm

AIR BLK .00 1:54pm

Reported AC: .00 g/210L

een Signature of Chemical Analyst

Court CVR

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 739

System Check: Passed

Baseline Tests

Test	Status ,	Time
		F
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
ВТ	Pass	1:55pm

Blank Tests

	Test	Status	Time
-			
	AIR	Pass	1:56pm

Printer Tests

Test	status -	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:56pm

Pass

1:56pm

1:56pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/	/IR II
County	Instrument Location YRRE.	LL Co. S.O.
Instrument S	Serial No. 008900 HOD MAIN ST.,	Columbia, N.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that procedures v Department	on the Solday of January, 20 8 the fewere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	ent regulations of the N.C.
THE STATE OF THE S	E OS NO PLANTE CONTRACTOR OF THE CONTRACTOR OF T	

Signature of Certifying Official

Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 01/30/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE Type of Agency: FTA
Agency: DHHS Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

	4.71 (1) (A) (1)	All to	1			
g/210L Tin	ne	一句中的問題實	學的科學學	(第44年)第	HERE LIFE I	
3 ,						i pot
	_		746 - N		4. 多数数	1 1
Pass 10:	:45am		(1) 描述 [1]		A Property of the	· •
.00 10:	:46am		Time 1			r litt.
			· 李宝宝			机油料
.00 10:	:48am					
.00 10:	:48am					44. T
	4. A. A. A. A. A. N. C.	-1 . -1 $e^{ik_{i}}$		St. Hall		1.1
.00	:49am	一个一种种用的	当中有的原理	. Pro 1871 P.	雄 特斯·	
.00 10:	:51am		\$ 15 Yr 1. d		(Miller of a	
	and the second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. 1999	and the second	10.00
	Pass 10 .00 10 .07 10 .00 10 .00 10 .00 10 .00 10	.00 10:46am .07 10:46am .00 10:48am .00 10:48am .00 10:49am .00 10:51am	Pass 10:45am .00 10:46am .07 10:46am .00 10:48am .00 10:48am .00 10:49am .00 10:51am	Pass 10:45am .00 10:46am .07 10:46am .00 10:48am .00 10:48am .00 10:51am	Pass 10:45am .00 10:46am .07 10:46am .00 10:48am .00 10:48am .00 10:49am .00 10:51am	Pass 10:45am .00 10:46am .07 10:46am .00 10:48am .00 10:48am .00 10:49am .00 10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 710 Test Date: 01/30/2018 Test Time: 10:53am EST

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 10:53am
FLO	Pass 10:53am
FC	Pass 10:53am

Temperature Tests

Test	Status	Time
of mayor of the	and the state of t	Hiller O. W. P. C.
FC1	Pass	.10:54am
SRC	Pass	10:54am
DET	Pass'	.10:54am
BAR	Pass	10:54am
BT	Pass	10:54am
		trade to the contract of the c

Blank Tests

_ T (est	100		Status	Time 🗅	• •
. :		100	2	este in Lip.	1477.1	:
Δ	IR	4.7		Dace	10:54a	'n

Printer Tests

Test	Stat	us	Time	
PRNT	Pass		10:54	am

CRC Tests

Test		us		
COMP	Pass		10:5	6. 1
CAL	Pass		10:5	Secretary and the

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument S	erial No. 008921	110	Church	57. ₎	HERT	For	o, N.
The preventi	ve maintenance procedures for the are:	e Intoximeter	rs, Model Intox	EC/IR II to b	e followed :	at least or	nce every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			ilcoholic brea	th simulato	r thermor	neter show
2.	Verify instrument displays t	ime and date;	;				
3.	Initiate breath test sequence;	;					
4.	Enter information as prompt	ed;			·		
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" a	ppears, colle	ct breath sample) ;			
7.	When "PLEASE BLOW" a	ppears, colle-	ct breath sample	; ;			
8.	Print test record;						
9.	Verify Diagnostic Program;	and					
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.						
	on theday of were performed on the instrument of Health and Human Services, an	indicated abo		ice with curre	orgoing prevent regulation	entive m	aintenance N.C.
INCATE OF THE PARTY OF THE PART	E OF NO. 11					* . 	

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 01/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	10:29am 10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 749
Test Date: 01/03/2018 Test Time: 10:37am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

Blank Tests

Test	Status Time
AIR	Pass 10:38am

Printer Tests

Test

CAL

PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:38am

Status

Time

10:38am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	AKE Instrument Location KeG105 Y SACK L		
Instrument Seria	al No. <u>008738</u>		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
· 9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
I certify that on procedures were Department of	the		
THE STATE OF MANAGEMENT OF THE STATE OF THE	Residence of the second of the		

WAKE COUNTY REGION 4 BACK UP 910

Serial Number: 008738
Test Date: 01/02/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

Officer's Name: ONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.08 .00	3:45pm
AIR BLK		3:46pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY REGION 4 BACK UP 910

Serial Number: 008738 Test Record Number: 754
Test Date: 01/02/2018 Test Time: 3:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
		法行为的 安装的
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:51pm

Temperature Tests

Test	Status Time
FC1	Pass 3:51pm
SRC	Pass 3:51pm
DET	Pass 3:51pm
BAR	Pass 3:51pm
BT	Pass 3:51pm

Blank Tests

Test	Stati	us	Time
* .		1.00	
ЛTD	Dagg	- 1 Pr	3.5720

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

Test	Status	Time
COMP	Pass	3:52pm
CAL	Pass	3:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WAKE Instrument Location Region 4 BACK of
Instrumen	t Serial No. 008873
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify t procedure Departm	hat on theday of
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

WAKE COUNTY REGION 4 BACK UP 910

Serial Number: 008873 Test Date: 01/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	00/	3:08pm

00 g/210E

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY REGION 4 BACK UP 910

Serial Number: 008873 Test Record Number: 1478 Test Date: 01/02/2018 Test Time: 3:09pm EST

System Check: Passed

Baseline Tests

Test	Status	atus Time		
IR	Pass	3:09pm		
FLO	Pass	3:09pm		
FC	Pass	3:09pm		

Temperature Tests

Status	Time
Pass	3:09pm
	Pass Pass Pass Pass

Alberta Color

Blank Tests

Test		Status	Time	
AIR	;	Pass	3:10pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
4 2 2	CDC	

	o+	atus	Time	1
	 			- 1

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4)	AKE Instrument Location Region 4 Back y		
Instrument Ser	ial No. 008924		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department	on theday ofANUA(/, 20 8, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
WAND BELL THE CORP. TO STATE THE CORP. THE COR	Signature of Certifying Official Certificate Number		
A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.		

DHHS 4080 (11/07)

WAKE COUNTY REGION 4 BACK UP 910

Serial Number: 008924 Test Date: 01/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:19pm 2:20pm 2:21pm
AIR BLK,	.00	2:22pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

State State State of

WAKE COUNTY REGION 4 BACK UP 910

Serial Number: 008924 Test Record Number: 1353 Test Date: 01/02/2018 Test Time: 2:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
TR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

Temperature Tests

Status	Time
Pass	2:27pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
	the state of the s	1

AIR Pass 2:28pm

Printer Tests

Test	Status	Time

PRNT Pass 2:28pm

CRC Tests

Test	Status	Time
a Samuel		1 2 22 6
COMP	Pass	2:28pm
CAL	Pass	2:28pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6/A	Instrument Location RALEIGH PD Northeast DISTRE al No. 008623 5228 Greens Darry RD RALEIGH,
Instrument Serie	al No. 008623 5228 Greens Dairy Ro RAGEISH,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of, 20/F, the foregoing preventive maintenance be performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 01/08/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716202 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:49pm
ACCY CHK	.08	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
ATR BLK	. 00	12:55pm

Reported AC:

.00 a∕/210I

Signature of Chemical Analyst

Court CVR

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3611

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETI	ERS, MODEL IN	TOX EC/IR II	
County 0	udka	_ Instrument Location_	Yadkin Cou	orty Jail
Instrument Se	rial No. <u>() () 8683</u>		VodKinVille,	NC.
The preventiv four months a	e maintenance procedures for the re:	Intoximeters, Model Intox	EC/IR II to be follow	red at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath simu	lator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath samp	le;	
7.	When "PLEASE BLOW" ap	pears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
I certify that of procedures we Department of	on the day of ere performed on the instrument in if Health and Human Services, and	, 20 ndicated above, in accorda d the instrument is function	nce with current regul	preventive maintenance ations of the N.C.
THE STATE OF THE S	Second	enature of Certifying Office	ta sial	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008683 Test Date: 01/16/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

可销品

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male* Driver's License State: *XX* Driver's License Number: *NONE*

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016+07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
排放医疗 自动		
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.08	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK/	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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Rev. 12/2007

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008683 Test Record Number: 608
Test Date: 01/16/2018 Test Time: 3:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET :	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Andrew Street

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	14	Status	Time
PRNT		Pass	3:15pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	3:15pm 3:15pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Rev. 12/2007